



UMC
UNIVERSITY MEDICAL CENTER

**CENTER FOR
TRANSPLANTATION**

Agenda

Educational Class presentations by the multidisciplinary team:

- Transplant Coordinator
- Transplant Surgeon
- Transplant Nephrologist
- Living Donor Coordinator
- Transplant Pharmacist
- Transplant Dietitian
- Transplant Social Worker
- Transplant Financial Counselor



UMC Transplant Program

- Started in 1989
- Performs approximately 60 kidney transplants per year and is increasing
- Recipients from Nevada and other states
- SRTR – go to www.srtr.org to review our data
 - Outcomes meet National Benchmark
- www.ustransplant.org
- Visit the UMC Transplant website at :
 - <https://www.umcsn.com/Transplant/Home.aspx>



An Introduction to Your Transplant Team

Includes:

- Nephrologists
- Surgeons
- Transplant Coordinators
- Pharmacists
- Financial Counselors
- Social Workers
- Dietitian
- Ancillary Staff



OBJECTIVES

After this presentation you will:

- Know what transplant options are available
- Be informed about processes for kidney transplant at UMC
- Be aware of your responsibilities and requirements for a successful transplant



Treatment Options for Kidney Failure

When the kidneys are no longer able to perform their daily functions the following **treatments** are available:

- **Dialysis** – a technique that removes waste using tubes or machines
- **Living Donor Kidney Transplant** – Live donor kidney is surgically placed
- **Deceased Donor Kidney Transplant** – Deceased donor kidney is surgically placed
- Treatment with a transplant tends to offer a better quality of life versus long term treatment with dialysis



Blood Types

Type	Can receive from:	Can donate to:
O	O	O, A, B, AB
A	A, O	A, AB
B	B, O	B, AB
AB	O, A, B, AB	AB

The donor's blood type does not have to be the same as the recipient's blood type, but it must be "compatible".



Types of Donors

- **Living Donor** – From a live person
(Best option)
 - Family (Parent, brother, sister or son/daughter)
 - Extended family (cousin, aunt, uncle)
 - Friend, coworker, church member, neighbor
 - Anonymous donor
- **Deceased Donor** – From a deceased organ donor.
PHS risk is a donor that has an increased risk compared to other organ donors and requires a special consent to receive. The Transplant Team would give you additional information if such a kidney becomes available.



How Long Does a Donated Kidney Function?

On average:

- Deceased donor kidneys – up to 10 years
- Live donor kidneys – up to 20 years

There are exceptions when kidneys may last even longer.



Advantages of Transplant

- Increased life expectancy
- Enjoy a life free of dialysis
- More energy
- Less food restrictions
- No fluid restrictions
- Maintain employment
- Goal: Quality of life



Disadvantages of Transplant

- Transplant is not a cure. It is an option.
- Higher risk for infection
- Frequent lab tests and doctor visits
- Medications are required and have:
 - Side effects
 - Expensive costs
 - Life time usage
- Chance of rejection



Three Phases of Transplant

- PRE-TRANSPLANT
- WAITLIST
- POST-TRANSPLANT



PRE TRANSPLANT



The Evaluation Period

- Are you healthy enough for a transplant?
- Do you have a sufficient support system in place after transplant?
- Will you be able to financially cover transplant expenses?
- Does the benefit outweigh the risk?



Contraindications for Transplant

- **Patient must not have:**
 - a. Active cancer or recent history of cancer. The wait period for types of cancer is determined by the type of cancer
 - b. Active Hepatitis B
 - c. HIV/AIDS
 - d. Advanced cardiac disease
 - e. Heart failure with ejection fraction of <40%
 - f. Severe/disabling peripheral vascular disease
 - g. Severe, chronic lung disease
 - h. BMI (Body mass index) >45
 - i. Clinically significant malnutrition
 - j. Significant debility
 - k. Untreated, ongoing illicit drug, alcohol or tobacco or nicotine use
 - l. Untreated/serious psychological/neurological disorder
 - m. Medical Marijuana will be evaluated on a case by case basis



Transplant Selection Criteria

- If age >70 - will be evaluated on an individual basis
- GFR \leq 20
- Tobacco, nicotine, drug & alcohol-free
- Adequate financial coverage for the transplant & the post transplant medications
- Have the ability to follow & adhere to a complex medical regimen
- Have support from an appropriate caregiver and adequate transportation
- Be able to attend clinic appointments at UMC
- Complete all requested tests within 90 days of order date
- Approval from the multidisciplinary transplant team's Selection Committee
- Willing to reside in Nevada for up to one year



Health maintenance and immunizations are required prior to acceptance and can be scheduled by the primary care physician:

- Dental examination and clearance
- Pap smear (women 18 years and older)
- Mammogram (women 40 years and older)
- Colonoscopy (patients 50 years and older)
- Eye examination (if diabetic)
- Immunization records



Pre Transplant Testing once accepted:

- Full medical history & physical exam
- Diagnostic testing such as chest x-ray and renal ultrasound
- Additional tests per MD orders
- Cardiac testing such as EKG, stress test, echocardiogram



Testing process will depend on your insurance.

Selection Committee (Decision Body)

Once all required tests and evaluations are completed and approved:



- The Selection Committee will review your case to determine if transplant is a safe option for you
- You will be notified regarding the decision of the Selection Committee
- Please know that prior to listing you on our transplant list your address on your ID must match what is in our system as your current address



How are transplant candidates ranked?

– Factors contributing to your individual score:

- Age
- Length of time on dialysis
- Having received a previous transplant (any organ)
- Current diagnosis of diabetes



UNOS and the Kidney Allocation System

- Kidneys are offered only to those on the organ waiting list managed by *United Network for Organ Sharing (UNOS)*
 - Patients can be listed at multiple centers



While on the Waitlist

The waiting period before the transplant operation

- Notify the Transplant Center if you plan to be out of town or if there is a change in your address, phone number or medical insurance.
- Inform us of hospitalizations, any changes of medical conditions, pertinent medication such as antibiotics or blood thinners or if you have received a blood transfusion.
- In order to stay active on the waitlist, it is necessary for you to follow up periodically with the transplant center to update your testing
- There will be a waitlist evaluation once a year for most everyone but some potential recipients will be required to come twice a year.



Panel Reactive Antibody (PRA)

- Measures the immune system activity level
- Ideal for a kidney transplant if immune system is calm (PRA=0%) = best
- Your PRA may be active due to:
 - Blood transfusion
 - (PRA =100%) = worst
 - Pregnancy
 - Previous transplant
 - Some disease states



Average Waiting Period for a Deceased Donor Kidney at UMC

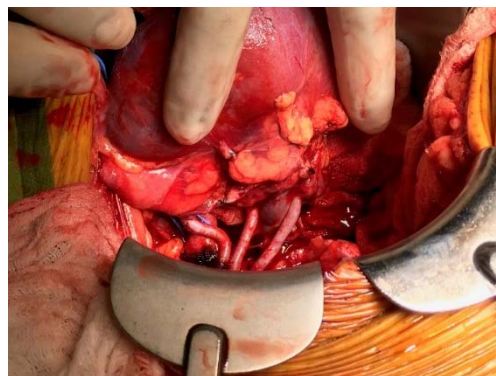
1 year → 3 years

A coordinator will notify you when a kidney is available



Transplant Surgery Overview

Dr. Sunil K. Patel and Dr Eric Siskind



Transplant surgery

- Kidney transplant surgery provides the best quality of life, and chance of living longer when compared to all other modalities for treatment of kidney failure
- Surgery occurs when we find an organ suitable for the recipient
- Organ evaluation is a detail oriented process and we make an educated guess of how good an organ is for a particular recipient



Transplant Surgery

- Informed consent is obtained prior to a transplant , with all patients having the chance to opt out if they are not certain they wish to proceed
- The procedure lasts around 4 hours, though this may vary.
- Blood loss is small and blood transfusions are usually not required



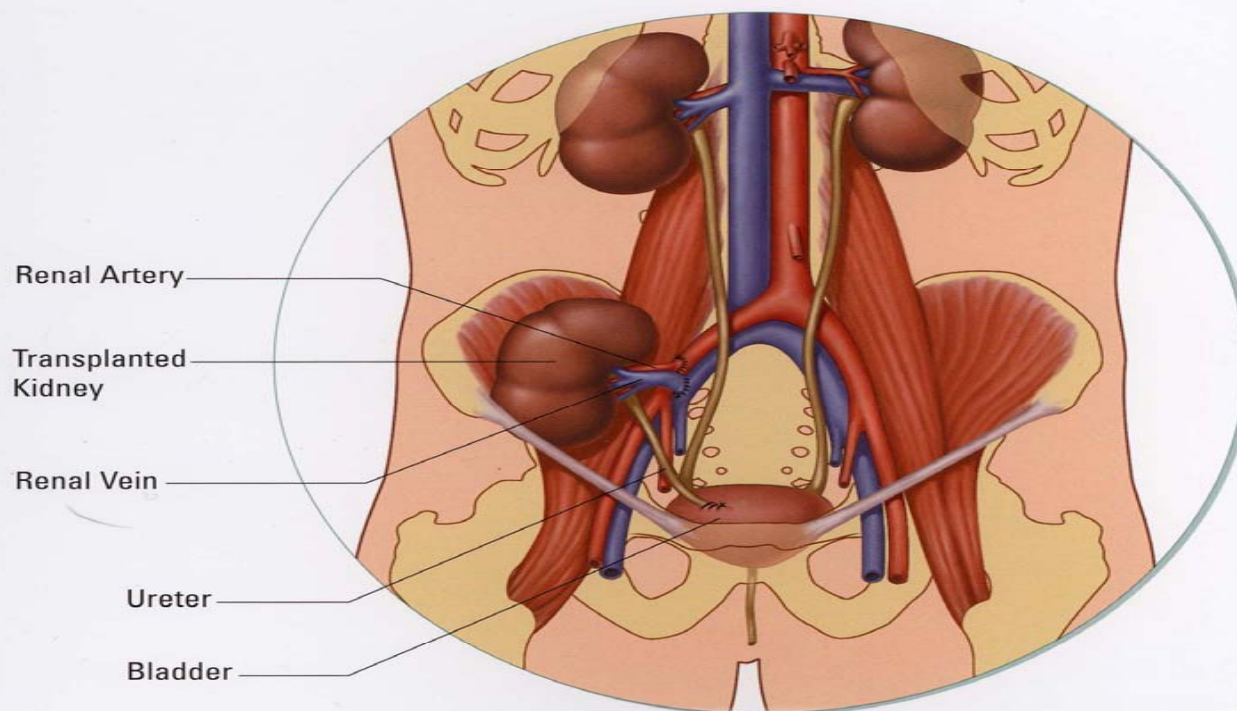
Transplant surgery

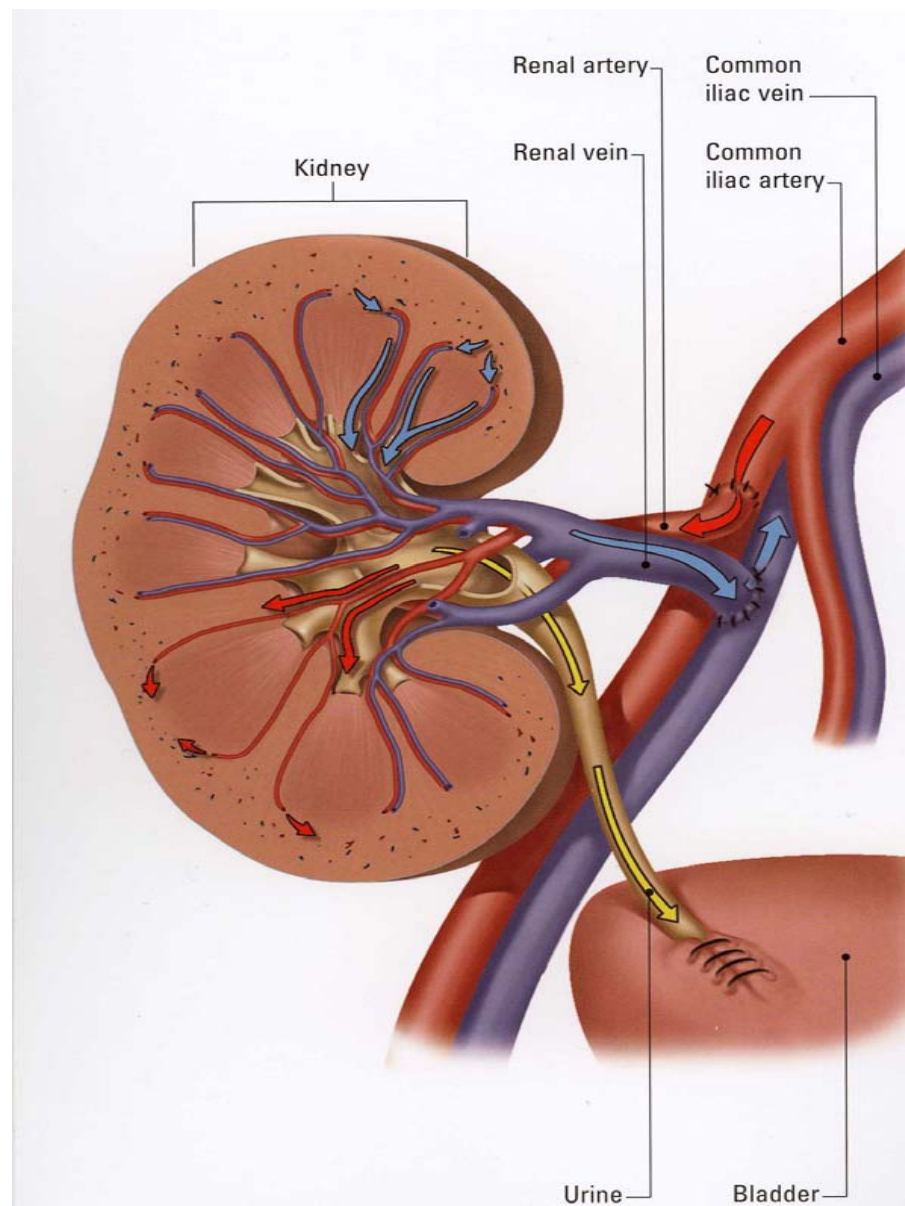
- The site of surgery is usually chosen before surgery
- Native (patients' own) kidneys are left inside
- The incisions are not very painful and usually heal well with faintly visible scars
- Most patients return to the regular nursing floor the same day. They are able to eat the next day, as well as ambulate at that time



Anatomy of the Transplanted Kidney

Your transplanted kidney is connected to blood vessels in your pelvis. It is also connected to your bladder by a tube called the ureter.





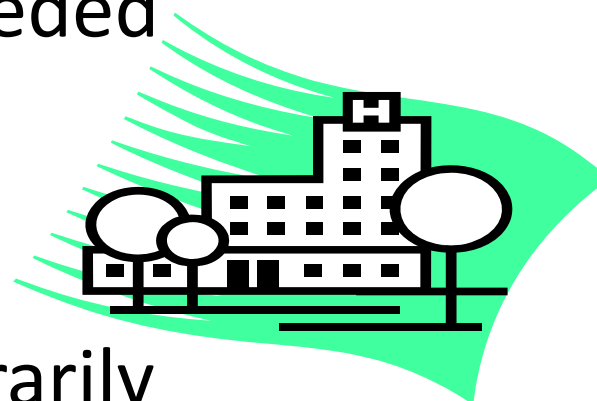
Surgical complications

- These are not uncommon.
- They maybe minor like wound infections, fluid collections, small bleeds, hernias, limb swelling.
- Major complications involve clotting of the kidney, loss of blood flow to the leg, blood clots, amputations, urine leaks , wound dehiscence, reoperations, stent placements for ureteric narrowing, severe infections, strokes, heart attacks and lung clots.
- Death is uncommon though not impossible.



Hospital Stay

- Typically 3-6 days, longer as needed
- Walking in 24hrs
- Food in 48hrs
- Dialysis may be needed temporarily
- Post Transplant Coordinator will arrange a time to meet with you and your caregiver to discuss post transplant care



Responsibilities after Transplant

- After discharge from the hospital, you will be required to monitor your:
 - Blood pressure, temperature, daily weight
 - Blood sugar if diabetic
 - Intake and output
- No driving, no heavy lifting
- Avoid infections, good hygiene, hand washing



Responsibilities after Transplant

- **Lab Appointments:**

- Twice a week for the first 2 months
- Then weekly, and every other week when indicated
- Monthly labs by one-year post transplant

- **Clinic Appointments:**

- Every week (Mon or Tues) for first two months
- Then every other week, and monthly when appropriate
- Annually after 1 year

- **Lab and clinic visits may be more frequent if needed**
- **Take medications daily as directed**
- **Transition to your primary nephrologist in 12 months as appropriate for routine follow-up**



What's Next?

- If interested in being evaluated, you will be given an appointment
- Location: 901 Rancho Lane, Suite 250 (2nd floor)
- During the evaluation you will see the entire Team
 - Approximately 4-5 hours
 - Please bring:
 - Your caregiver
 - A valid picture ID, Social Security Card, Medical Insurance Cards
 - A list of your medications



Transplant Nephrologists

- Dr. Ayoola Adekile
- Dr. Syed Shah
- Dr. Shadi Nijim



Pre- Kidney Transplant Evaluation

THREE PHASES OF KIDNEY TRANSPLANT

- Pre Kidney Transplant Evaluation
 - Listing/ Waitlist
 - Post Kidney Transplant



Pre-Kidney Transplant Evaluation

- If kidney transplant is the right option for you
- Evaluation will take approximately 5-6 hours with the transplant team
- No patient is listed on the day of evaluation – it is part of the process
- Once the work up is complete, each case is discussed in the multidisciplinary meeting called Selection Committee
- Committee meets every week and all listing decisions are done by the entire committee



Pre- Kidney Transplant Evaluation

- There are >500,000 Pts with kidney disease
- Approximately 100,000 Pts are listed for kidney transplant
- Treatment options for ESRD.....
- Hemodialysis, Peritoneal dialysis AND...
- **KIDNEY TRANSPLANT**



Pre- Kidney Transplant Evaluation

- **Why Kidney Transplant is the best option.**

- Patients with transplant live longer
- Better Quality of life
- Better overall health

- **Some drawbacks of Kidney Transplant**

- Its a major surgery
- Side effects of anti-rejection meds
- Transplants only lasts a certain number of years

Deceased donor kidneys - possibly up to 10-12 years

Living Donor Kidneys usually last longer than deceased



Pre- Kidney Transplant Evaluation

- Transplant is not for everyone (Barriers)
 - Advance age
 - Active Cancer
 - Morbid Obesity
 - Non adherence and compliance
 - Lack of social support



Pre- Kidney Transplant Evaluation

- Medical and surgical evaluation
- Social worker evaluation
- Pharmacist evaluation
- Dietitian evaluation

AND

- **FINANCIAL EVALUATION- !!**

There is no Tx without this

1 cause of kidney Tx failure? Not Taking Meds



Pre- Kidney Transplant Evaluation

MEDICAL EVALUATION

CARDIOVASCULAR

- Heart attack, stroke
- Pre-Existing heart disease?
- complete Cardiac Work up

PULMONARY

HEMATOLOGY

GASTROENTEROLOGY

STANDARD HEALTH MAINTENANCE

(mammogram, pap smear, colonoscopy, prostate)



Pre- Kidney Transplant Evaluation

MEDICAL EVALUATION

“GOAL”

To identify the problems and fix them prior to the kidney transplant.



Pre - Kidney Transplant Evaluation

LISTING / WAIT LIST MAINTENANCE

Once listed most patients have an annual (some every six months) follow up at the transplant center until they get the kidney transplant. You will be instructed to inform your coordinator of the following.

- Develop a new medical problem
- Start a new medication
- Have surgery or hospitalization
- Receive blood transfusions
- Change dialysis unit
- Change nephrologist
- Change insurance
- New phone number or new address



Pre - Kidney Transplant Evaluation

POST TRANSPLANT

- Surgery is about 3 to 5 hours
- Hospital stay 3 to 6 days
- Some of the kidneys work immediately and fall into the category of excellent graft function
- Some kidneys are slower but pick up in a few days
- Some kidneys do not work right away and the patient requires dialysis for a while



Pre - Kidney Transplant Evaluation

- POST-TRANSPLANT IMMUNOSUPPRESSION
- Induction with Thymoglobulin
- Maintenance immunosuppression with steroids, Prograf, and Cellcept
- ADVERSE EFFECTS OF IMMUNOSUPPRESSION
- Diabetes, infection, malignancy, bone disease



Pre - Kidney Transplant Evaluation

Types of kidney transplants

- Living donor kidney transplant
- Deceased donor kidney transplant
 - Living kidneys last longer than deceased donor kidneys
 - There is no wait time for living kidneys but workup does take a couple of months



Pre - Kidney Transplant Evaluation

Kidney Transplant Allocation System: UNOS

- Wait time 2-12 years (UMC = 2-3 yrs)
- “O” has the longest wait time
- “AB” has the shortest
- Wait time determined by:
Amount of time on dialysis, Blood type & Antibodies



Pre - Kidney Transplant Evaluation

KIDNEY DONOR PROFILE INDEX (KDPI)

KDPI has a score of 0-100— — —- >85%

Indicator of the quality of the kidney

Determinants of KDPI score

- Donor age
- Height/weight
- Ethnicity
- History of hypertension/diabetes
- Cause of death
- Serum creatinine
- Hepatitis status
- Cardiac status



Pre - Kidney Transplant Evaluation

- **How can you get a kidney faster?**
 1. Living kidney
 2. Listing to get >85% KDPI
 3. Listing to get increased risk kidneys



Pre - Kidney Transplant Evaluation

INCREASED RISK KIDNEYS

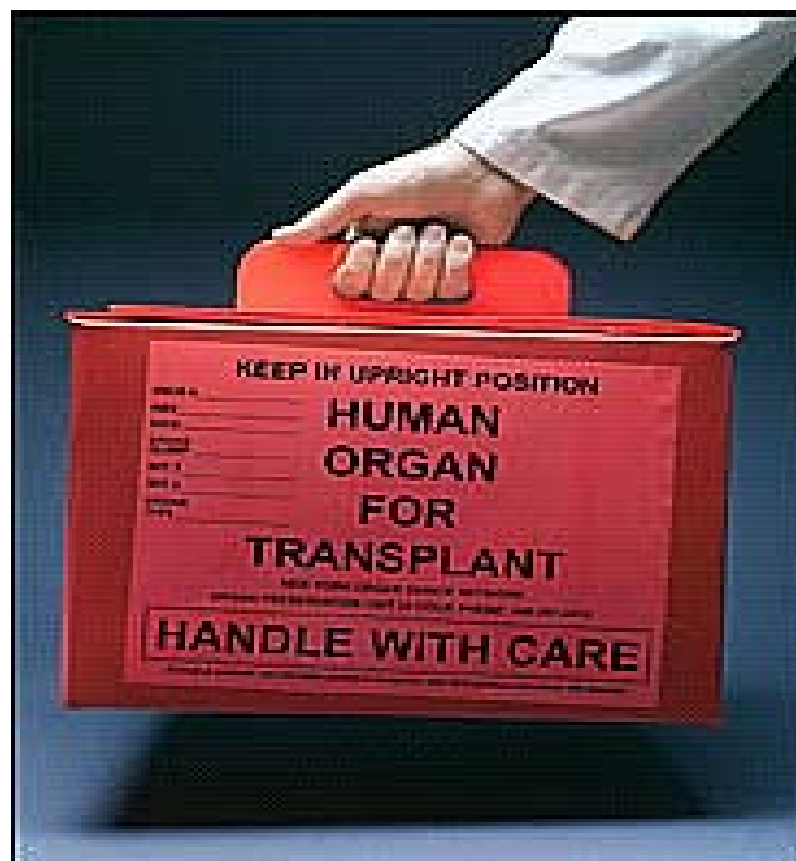
- Increased risk of transmission of HIV, Hepatitis C, and Hepatitis B
- Criteria for increased risk kidneys
 1. Infections in the past 12 months
 2. Risky sexual behavior in the past 12 months
 3. Incarceration in the past 12 months
 4. Prostitution
 5. IV drug abuse



Financial Coordinators

Jessica Rosales

Marcela Ceja



Financial Coordinator

- Your transplant insurance benefits
 - Your benefits have been verified prior to this class
 - The most important advice I can give is that you have to be your own advocate for information
 - I will help you guide the financial planning required for your transplant
 - **Your financial coordinator needs to be notified if there are any changes in your insurance**




Financial Coordinator

- After your transplant you will have many new prescriptions. Depending on your prescription drug plan, your cost will vary.
- **Please be aware of your co-payments and co insurance you may have.**
- We will meet with you privately during your evaluation appointment and give you an estimate of your Medical & Prescription coverage.



ESRD MEDICARE

Important Notice: If you are under 65 years of age ESRD Medicare will Expire 3 Years from date of transplant. This will affect your immunosuppressant drug coverage. It is important you start seeking for other coverage before your benefits expire with Medicare Part A&B.

MEDICARE		HEALTH INSURANCE	
 1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
JANE DOE			
MEDICARE CLAIM NUMBER		SEX	
000-00-0000-A		FEMALE	
IS ENTITLED TO		EFFECTIVE DATE	
HOSPITAL (PART A)		07-01-1986	
HOSPITAL (PART B)		07-01-1986	
SIGN HERE _____			
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS			



Medicare

Part A - Inpatient hospital care, skilled nursing care, home health care, hospice care

Part B - Doctor's services and outpatient care, preventive services, diagnostic tests, some therapies, durable medical equipment, *immunosuppressant drugs*

Part C - Medicare Advantage, Medigap, Medicare commercial plans through private insurance

Part D - Other outpatient prescription drugs not covered by part B

UMC is a Medicare Approved Facility

Medicare Expenses

- **Part A** - \$1408.00 deductible for admission and hospital stay for *up to* 60 days. Additional costs *after* 60 days.
- **Part B** - \$198 annual deductible in 2018. Monthly premium varies monthly. 20% coinsurance or co-payment for most Part B services after deductible is met.
- **Part D** - Co-pay varies according to plan selected. ***Review plan every year.***



Evaluation Testing

- If you have a Commercial/Group Insurance as primary, you will have all pre-transplant testing coordinated through your Primary Care Provider (PCP).
- Your Pre-transplant coordinator/assistant will inform you and your PCP of the necessary testing after you have completed your first clinic appointment.



Social Worker Evaluation

- Cynthia Hull, MSW/PhD
- Mariah Abercrombie, MSW/ LSW



Social Worker Evaluation

- To serve as your Social Worker throughout your transplant experience.
- To evaluate the social support you presently have and will need to have before, during, and after the transplant.
- Act as a referral resource to programs which can assist you in the transplant journey



Social Work Criteria



- A strong and responsible support system that can stay with you to help you become more independent



Social Work Criteria

- Stable clean living situation



Social Work Criteria

- Besides insurance coverage and ability to pay for your medications, you must have the ability to cover living expenses for at least 3 months time as you will be off work for at least that period of time



Social Work Criteria

- Good compliance with your medical treatment and appointments which will be verified by your Dialysis Center or physician's office
- This shows that you have follow through which is an important part of post transplant care



Social Work Criteria

- It is important for the Transplant Team to know your history of smoking (This includes e-cigarettes, Nicorette gum and nicotine patches), drinking or drug use & (Cannabis of any type).
- It is important for the Transplant Team to know if you have a history of depression or anxiety



Social Work Criteria

- Ability to make a long term commitment to maintain follow up during the evaluation phase and post transplant as well



- Risk vs. benefit
- Psychosocial risks associated with transplant:
 - Fear and/or anxiety related to surgery
 - Problems with body image
 - Post-surgical adjustment problems
 - Possibility of recurrence of the disease that initially caused kidney failure
 - Transplant rejection & need for re-transplantation
 - Depression or drug-related mood changes
 - Altered social relationships



LIVING WELL WITH KIDNEY DISEASE

In a social setting we learn strategies and techniques from each other
about living successfully with kidney disease.

Knowledge is an Antidote to Fear



Do you have questions?

- How to feel your best
- Your process, diet, equipment
- Getting on one or more transplant lists
- New developments in treatments
- Increasing donor availability
- Travel



Join us the 2nd Sunday of each month

At the Center for transplantation
901 Rancho Lane (enter the on the West side conference room 2nd
floor) see map on back.

1:00 pm



Richard Blaine
Kim Pelca
Ellen Sonenthal

702 419 2438
702 451 4985
702 430 9469

kidneykid2006@gmail.com
kkpelca@gmail.com
ellen@greenbrook.com

Follow us on Facebook at Living Well With Kidney Disease Las Vegas



Transplant Medications

- Jared Splinter, PharmD



Transplant Medications

- There are 6 Medications directly related to the kidney transplant surgery.
- 3 Anti-rejection Medications to keep the body from rejecting the new kidney.
- 3 Anti-infective Medications to help protect the body from potential infections.

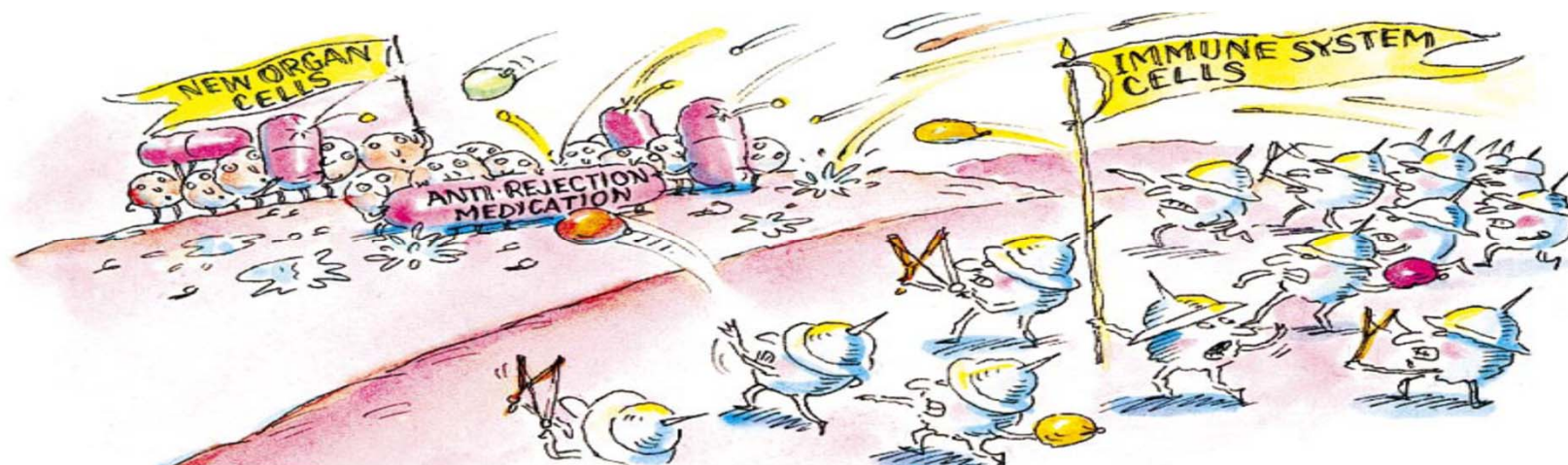


Risks linked to Anti-rejection Medications

- Increased risk of developing infections (bacterial, viral and fungal in origin).
- Slight risk in developing some types of cancer such as lymphoma and skin cancer(1-2%).



Triple Therapy with Anti-rejection Medications



Prograf (Tacrolimus) Adverse effects include high blood sugar (diabetes), hypertension, shaking, hair loss, high potassium.

- **0.5 mg capsules**



- **1 mg capsules**



- **5 mg capsules**



- **Do NOT cut/break**



Myfortic (Mycophenolate sodium) Adverse effects include stomach upset, diarrhea, low white blood cell count.



Prednisone. Adverse effects include stomach upset, high blood sugar, water retention, weight gain, mood swings.



Nulojix (belatacept)

- Appropriate for selected patients only (EBV positive)
- Available: IV infusion only
- Dosing:
 - 10mg/kg on day 1 and 5
 - 10mg/kg at the end of week 2, 4, 8 and 12
 - 5mg/kg every 4 weeks starting at week 16
- SE: Infections, Anemia, Post transplant lymphoproliferative disease (notably CNS lymphoma)



Anti-Infective Medications

- **Valcyte** (antiviral against CMV virus). Used for 3-6 months after transplant to prevent viral infections
- **Bactrim**(Trimethoprim/Sulfamethaxozole) Sulfa Antibiotic to prevent Urine infection/pneumonia. Used for 6 months to prevent infection.
- **Diflucan** (Fluconazole) Antifungal to prevent oral thrush. Used for 1 month immediately after transplant to prevent fungal infections



General Guidelines

- **TOTAL** compliance with medication regimen is **CRUCIAL** for the success of the transplant.
- **The risk of losing the kidney is extremely high when medications are not taken consistently as prescribed.**
- Long term monitoring of medications through laboratory testing is essential.
- Initial lab draws - twice weekly



Patient Resources

- Prograf.com
- Myfortic.com
- Drugs.com (look up prednisone or any other medications).



Transplant Dietitian

- Peter DiPrete II RD, LD



Pre-Transplant Nutrition

Nutrition Assessment

- Current Health
- Weight Status
- Diet Adherence
- Activity Level

YOUR Role:

- Follow CKD or dialysis diet
- Understand lab values
- Weight loss, if needed
- Check in with dialysis dietitian regularly for questions/advice



Post-Transplant Nutrition

Transition from Renal Diet → Post-Transplant Diet:

<u>Nutrition Needs</u>	<u>Renal Diet</u>	<u>Post-Transplant Diet</u>
Fluids	Fluid may or may not be restricted.	No fluid restriction (you need 2-3L/day of fluid).
Protein	Dialysis requires increased protein intake. Non-dialysis patients require protein restriction.	Protein needs return to normal (0.8 - 1.0 gram per kilogram of body weight).
Sodium (Salt)	High salt foods must be restricted.	High salt foods must be restricted.
Potassium	High potassium foods must be restricted.	Potassium foods may or may not be restricted depending on your lab values.
Phosphorus	High phosphorus foods must be restricted.	High phosphorus foods are usually not restricted and you may need to add more phosphorus foods to your daily intake.



Post-Transplant Diet

- **Heart Healthy Diet**
- **Food Safety**
- **Food and Drug Interactions**
- **Blood Glucose Management**
- **Fluid Needs**
- **Weight Management & Physical Activity**



General Risks of Potential Transmission of Malignancies and Disease from Organ Donors

- Deceased donors are evaluated and screened. PHS (Public Health Services) previously termed increased risk donor. Special consent needed to accept at the time of transplant.
- Living donors are required to undergo screening for transmissible diseases.
- There is no comprehensive way to screen potential deceased & living donors for all transmissible diseases.
- Transmissible diseases & malignancies may be identified after transplant.



Living Donation

Rachel Summers

Linda Williams

Dave Tyrell



LD PRESENTATION OVERVIEW

- Benefits of Living Donation?
- When can Living Donor work-up begin?
- Who to contact if interested in Living Donation?



Disclosure to Transplant Candidates and Potential Living Kidney Donors

- It is a **federal crime** for any person to knowingly acquire, obtain or otherwise transfer any human organ for anything of value including, but not limited, to cash, property, and vacations. (OPTN Policy 14: Living Donation)
- Violation of this policy could result in criminal prosecution of those individuals involved.

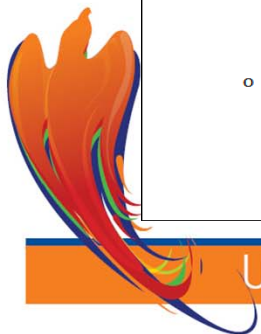
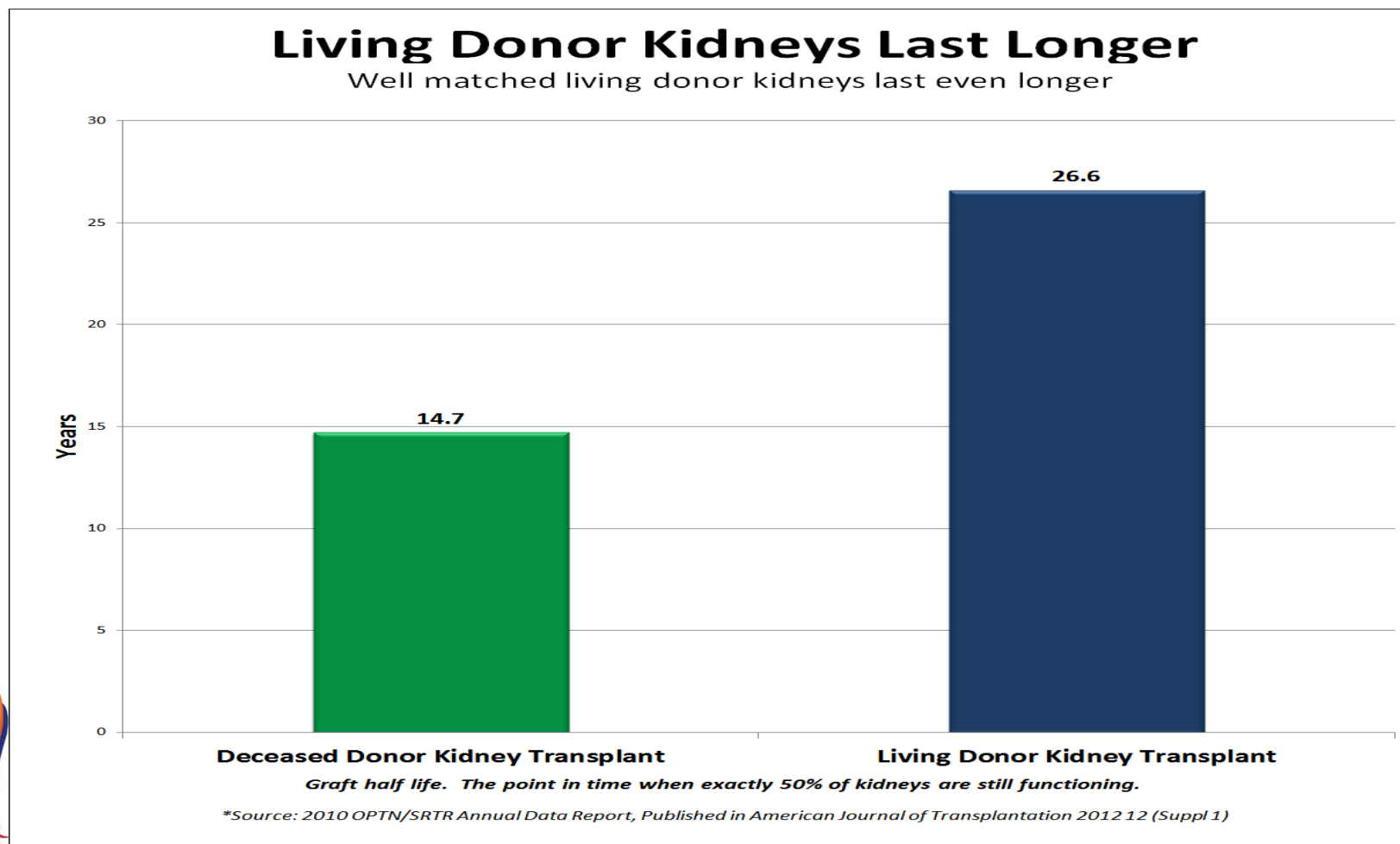


Why Living Kidney Donation?

- Kidneys from a living donor usually **function more quickly** because there is less delay between removing the organ and transplanting it
- Living kidney transplants typically **last longer** than transplants from a deceased donor
- The transplant surgery can be **scheduled for a time that is convenient** for both the recipient and donor
- Transplants can **greatly improve a recipient's quality of life**; if it is able to happen more quickly for them, they will realize more of a benefit
- The ability to donate a kidney to a person in need can be a **very positive experience**



Why Living Kidney Donation?



Beginning Living Donor Work-up

- A potential donor **MUST** initiate contact with **UMC Center for Transplantation**.
- Making Contact:
 - **Call (702) 383-2224** and ask to speak with someone about **Living Donation**.
 - **Stop into the Center** and ask to speak to someone about Living Donation
 - Living Donor Packet
 - Attend Living Donor Education Class



Who Pays?

- The **donor will not be billed** for the evaluation or kidney removal operation.
- The medical costs are usually covered by the recipient's insurance.
- Not all travel expenses are covered and the potential donor may be required to pay some out-of-pocket costs.
- However, the [National Living Donor Assistance Center](#) provides financial assistance to those who want to donate an organ, but who are unable to afford the travel and subsistence expenses associated with living organ donation.



COMMUNICATION

- ❑ ALL communication between the potential living donor and the Kidney Transplant Program will be **confidential**. Personal information is NOT given to the recipient.
- ❑ The potential living donor has the right to change their mind at any time and opt out of the donation process at any time.
- ❑ The physicians may turn the potential candidate down and will inform the potential donor of the reason(s). They will NOT inform the recipient.
- ❑ After all testing and evaluations are complete:
 - Living donor coordinator will present the potential living donor to the Selection Committee
 - After Selection Committee approval, the coordinator will contact the living donor candidate for surgery scheduling



Who do we contact?

- Living Donor Coordinator at
- (702) 383-2224
 - Rachel Summers X 7165
 - Linda Williams X 7184
 - Dave Tyrell X 7113



Quick Overview

- Be cleared medically and financially
- Live donor kidney transplants have better outcomes than deceased donor kidneys
- While on wait list stay motivated and up-to-date with your transplant center
- Stay healthy and complete all testing in a timely manner as requested
- Medications and compliance are essential for you and your new kidney



We want our patients to be happy!

- The RN Coordinator assigned to you will do his/her very best to assist with your pre-transplant evaluation/testing.
- If you are having difficulty working with the Coordinator assigned to you, please let us know. We will be happy to reassign your case.





Concerns or Questions About Your Care?

You and your family have options! Help is available.

HAVE A CONCERN REGARDING YOUR TREATMENT?

- ✓ Review your facility's patient rights and responsibilities agreement and grievance process.
- ✓ Discuss your concern with the facility social worker, head nurse, administrator, or your physician.
- ✓ Such discussions with your caregivers may resolve your concerns.

IF YOU STILL HAVE A CONCERN OR GRIEVANCE:

- ✓ Contact the Network 7 Patient Toll-Free Number at 1.800.826.3773.
- ✓ Review options for addressing your concerns or grievances.
- ✓ Work with the Network to address and resolve concerns.
- ✓ You have the right to file a grievance with the Network as the first step.
- ✓ You can report a concern to the Network without using your name.
- ✓ You have the right to express your concerns without fear of discrimination or reprisal.

WHO IS NETWORK 7?

Network 7 is an organization under contract with the Centers for Medicare & Medicaid Services (CMS) to:

- Help resolve patient complaints and grievances.
- Provide information about kidney disease to patients and families in Florida.
- Provide quality improvement services to Florida dialysis facilities.
- Provide education and technical assistance to renal professionals.

WHAT IS A GRIEVANCE?

A grievance is any concern about treatment in a dialysis or transplant facility.

WHO IS THE FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION (AHCA)?

AHCA performs on-site investigations of grievances, you can contact them at: 2727 Mahan Drive, Tallahassee, FL 32308 • Complaint Line: 1.888.419.3456

Your ESRD Network is:

HSAG: The Florida ESRD Network

3000 Bayport Drive, Suite #300, Tampa, Florida 33607

1.800.826.3773

E-mail: info@nw7.esrd.net | www.hsag.org





Kidney Transplant Education Questionnaire

We invite you to provide feedback on the transplant education session you attended in order to assist us in maintaining and improving the quality and relevance of the material presented. We value your honest opinions. This questionnaire will take less than 5 minutes.

Please state the extent to which you agree or disagree with the following statements, where 1 is Strongly Agree and 5 is Strongly Disagree. Tick one per statement.

ABOUT THE PRESENTERS

Q1.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
A. The information was presented clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I could understand the information presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The speakers were able to answer my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT THE PRESENTATION

Q2.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
A. The class helped me understand the transplant process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The class was beneficial to those who accompanied me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The class answered most of my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. The amount of information presented was acceptable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. The handouts and materials were useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. The content was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ABOUT THE PRESENTATION IN GENERAL

Q3.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
A. The room was conveniently located.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. The duration of the presentation was right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The presentation was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q.4. What part of the presentation did you benefit most from?

Q.5. Is there anything that could have been done better?



What is KDPI?

KIDNEY DONOR PROFILE INDEX

- A score assigned to kidney to give an idea of it's quality
- Score is determined by many donor factors including:
 - *Age, Height, Weight, Ethnicity
 - *Cause of Death
 - *Donor history of HTN, diabetes, or Hep C
 - *Donor serum creatinine at time of death
 - *Donation after cardiac death or DCD
- Scores range between 0-100%. Lower numbers mean better quality and longer expected function. Higher numbers mean lower quality and shorter expected function.
- OPTN policy tries to match best donor KDPI to recipient with 'longest expected post-transplant survival'



Kidneys with KDPI greater than 85%:

- KDPI program was instituted in December 2014 due to increased need for deceased donor kidneys
- Kidneys with KDPI >85% tend to be older and/or may possess other medical issues making them less likely to be suitable for younger or healthier patients
- KDPI >85% may be suitable for older patients in order to increase availability of kidney offers
- You can voluntarily sign consent to be considered for kidney offers of KDPI >85%
- Consent for KDPI >85% kidney can be changed at any time



Risks of accepting a KDPI greater than 85% kidney:

- Delay in kidney function: This can happen after any kidney transplant however this can be expected to happen more often after a higher KDPI transplant requiring the use of dialysis for days, weeks or months.
- Approximately 1 to 2 % of these kidneys may never work and the patient may need to return to dialysis.
- A high KDPI kidney may not function as long as a low KDPI kidney.

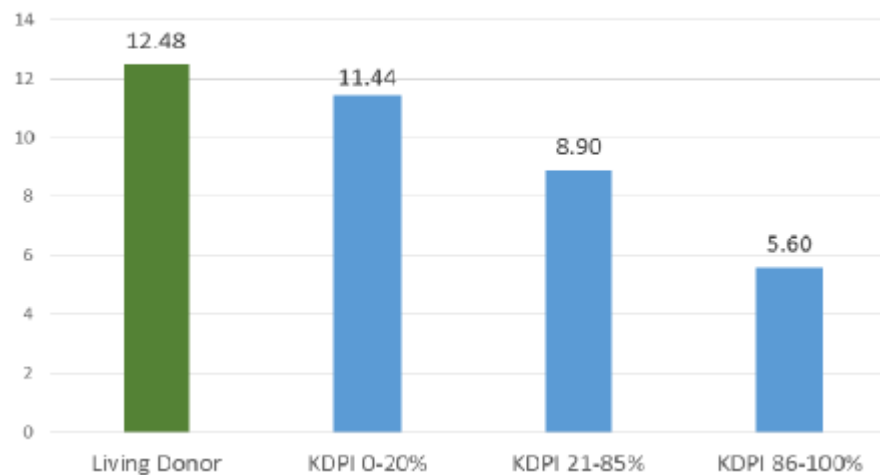
Benefits of accepting a higher than 85% KDPI kidney:

- The patient may not have to wait as long for a transplant
- May avoid dialysis altogether



KDPI GRAPH

Figure 1: Estimated Graft Half Lives (years)



Things to remember:

- KDPI is voluntary and your choice can be changed at any time.
- You have the right to refuse any transplant offer at any time for any reason without being penalized.
- You will still be considered for kidney's less than 85% if you plan to participate in the program, it is dependent upon which type of kidney is offered first.
- Every transplant recipient should know that there is ALWAYS a chance that the transplanted organ will fail, regardless of it's KDPI score.



KDPI Consent:

- When you check **Consent** -you are saying “**yes**”, **and agreeing** to consider a kidney that may not last as long. You do not have to accept it, and your place in line would not change.
- When you check **Refuse** or **Withdraw**-You are saying “**no**”, and **not agreeing to be** considered for a kidney greater than 85% KDPI. You also do not have to accept it when it is offered and your place in line does not change.





**KIDNEY DONOR PROFILE INDEX
GREATER THAN (>) 85% CONSENT**

NAME: _____

DOB: _____

MRA02198 (12/04/14)

Page 1 of 1

NOTE: TO BE USED IN CONJUNCTION WITH THE "KIDNEY DONOR PROFILE INDEX GREATER THAN (>) 85% PATIENT INFORMATION" FORM (# MRA02197).

ACKNOWLEDGEMENTS

Instructions: Please read each statement below and then place your initials on each corresponding line to indicate that you understand and/or acknowledge the stated information.

- INITIALS**
1. I have read the information provided to me and understand that the *Kidney Donor Profile Index (KDPI)* is intended to rate the overall quality and anticipated function of a donor kidney, when compared to other available kidneys.
 2. I understand that a KDPI score is based on multiple donor factors, including: age, height, weight, ethnicity, cause of death, history of high blood pressure, history of diabetes, exposure to Hepatitis C and serum creatinine levels (to measure kidney function).
 3. I understand that every kidney offered for transplant has a *Kidney Donor Profile Index (KDPI)* score.
 4. I understand that KDPI scores range from 1 to 100 percent (%), with the highest quality kidney having a score of 1 and the lowest quality kidney having a score of 100.
 5. I understand that the "*KDPI Greater Than (>) 85%*" program was adopted due to the shortage of viable kidneys (based on need) and that if I agree to participate in this program I can better my chances to receive a kidney transplant sooner than if I only waited for a kidney with a KDPI less than (<) 85%.
 6. I understand the risks and benefits most commonly associated with receiving a kidney with a KDPI score greater than (>) 85% and that neither list is completely comprehensive or includes every possibility.
 7. I understand that kidneys with a KDPI score greater than (>) 85% are predicted to function for a shorter period than kidneys with a KDPI less than (<) 85% or kidneys from living donors.
 8. I understand that if I accept a kidney with a KDPI score greater than (>) 85% there is an increased likelihood of delayed graft function, which may necessitate dialysis after the transplant.
 9. I understand that my participation in the "*KDPI Greater Than (>) 85%*" program is entirely voluntary and that I can withdraw my consent to receive to a kidney with a KDPI score greater than 85% at any time.
 10. I understand that participation in the "*KDPI Greater Than (>) 85%*" program will have no effect on my placement on the standard UNOS wait list.
 11. I understand that even if I consent to participation in the "*KDPI Greater Than (>) 85%*" program, I still have the right to refuse any kidney for any reason (regardless of its KDPI score) and that doing so will not jeopardize my ability to receive future transplant offers.
 12. I acknowledge that I have been given adequate time to consider my decision.

CONSENT / REFUSAL TO CONSENT / WITHDRAWAL OF CONSENT

After reading this document, I (print signatory's name) _____ have decided to:

CONSENT to participate in the "*KDPI Greater Than (>) 85%*" program, so that I (or the patient, if completed by a Guardian or Legal Representative) can be considered for kidneys with a KDPI of 85% or higher.

REFUSE or **WITHDRAW** my consent because I do NOT want to participate in the "*KDPI Greater Than (>) 85%*" program and therefore choose to only receive offers for a kidney with a score less than (<) 85%.

Time _____	Date _____	Patient / Guardian / Legal Representative Signature _____	Relationship to Patient _____
Time _____	Date _____	Witness Signature _____	Title _____

INTERPRETATION SERVICES

UMC Interpreter provided translation in (language) _____ on (date) _____ at (time) _____

Method: In-person → Interpreter's Name: _____ Signature: _____

Via phone / video conference → Interpreter's #: _____

The "Language Line" provided translation in (language) _____ on (date) _____ at (time) _____

Interpreter's Name: _____ Interpreter's #: _____

Reference: UNOS / OPTN Policy 8 (<http://optn.transplant.hrsa.gov/Content/Documents/OPTN/>) | Spanish Version of this Consent is Form #: MRA02199

ORIGINAL: Chart COPY: Patient





**CENTER FOR TRANSPLANTATION
WELCOME LETTER**

MRA01831 (01/20/15)

Page 1 of 1

NAME: _____

DOB: _____

Welcome to UMC Center for Transplantation. This letter contains important information about how our clinic operates and may help answer some of your general questions.

I. CLINIC INFORMATION / APPOINTMENTS / CANCELATIONS:

1. **Office Hours:** Monday through Friday, 8:00 a.m. – 4:30 p.m.
2. **Office Address:** Center for Transplantation
901 Rancho Lane, Suite 250
Las Vegas, Nevada 89106
3. **Phone Number:** 702-383-2224
4. *New patients must arrive 30 minutes prior to the scheduled appointment time and established patients must arrive 15 minutes prior to the scheduled appointment time for registration purposes. Patients arriving after their scheduled appointment time may need to be rescheduled.*
5. Your doctor will attempt to address all of your health care concerns as presented, however if you have multiple concerns you may need to schedule additional appointments to adequately address them all.
6. In the event that you are unable to keep your scheduled appointment, please call our office at (702) 383-2224 with a minimum of 24 hours advance notification.
7. Should you miss your appointment without calling to cancel or to reschedule; a notice will be sent to you acknowledging you as a "no-show".
8. Any of the following may result in a discharge from the practice:
 - Two (2) consecutive cancellations with less than 24 hours notice
 - Three (3) cancellations with less than 24 hrs notice in a 6-month period
 - Two (2) no-shows for appointments
9. Follow-up appointments may be necessary to discuss Lab / X-Ray test results with your physician. UMC policy discourages the practice of discussing test results over the phone.

II. PRESCRIPTION REFILLS / QUESTIONS:

1. For prescription refills you may need to see your doctor, but in some cases you can call your pharmacy and ask them to fax us a refill request.
2. *Please keep in mind that it may take up to three (3) business days to return your phone call regarding prescription refills and/or medical questions.*
3. It is important that you have an accurate list of ALL your medications including the dosage and how often you take each one. Please bring each of your medication bottles with you to all of your appointments.

III. ADDITIONAL INFORMATION:

1. If you have seen any other doctors or had any medical testing (Labs or X-Rays) since your last visit, please inform the Transplant Coordinator and bring the results with you to your next appointment.
2. *Please keep in mind that rude or abusive behavior will not be tolerated. If it becomes an issue, you may be asked to leave the facility and seek medical care elsewhere.*
3. If we get your voicemail when returning your call, we must have your permission to leave a message.
 ☐ MAY WE LEAVE A MESSAGE AT YOUR CONTACT NUMBER? YES NO

By signing below, I acknowledge that I understand the information above and have received a copy of this letter.

Patient / Guardian Signature: _____ Time: _____ Date: _____

ORIGINAL: Chart COPY: Patient





Name:
MR:
DOB:

On: _____
Date Names of the Potential Recipient and other attendees accompanying the Patient

attended UMC Pre-Transplant Class, presented by Transplant Coordinator: Shelley Anaenurwu, RN

The following topics have been discussed during this class:

- > Transplantation surgery is a major surgery. There are risks with all major surgery, including the risk of death.
- > Maintenance of a transplanted organ will require the use of immunosuppressive medications for the life of the organ.
- > Potential side effects of immunosuppressive medications include but are not limited to:
 1. Greater susceptibility to infections. Patients should immediately contact their physician at the first sign of infection or fever.
 2. Risk of malignancies (skin cancer, cancer of the lymph system, leukemia). All transplant patients should remain in close contact with their physician to monitor such side effects.
 3. Immunosuppressive medications may cause birth defects. Patients on such medications should check with their physician before attempting to have children. Please be advised that if you should become pregnant, while taking immunosuppressive medication could have adverse affects on your kidney function. Due to this fact, we don't recommend becoming pregnant until 1 (one) year after your transplant. If you should become pregnant, (within the first year) you will need to see an obstetrician that specializes in high-risk pregnancies.
- > All Pre-Transplant testing is to be completed within 90 days of the pre-transplant evaluation date.
- > Immunosuppressive medication can be expensive high. Medicare and/or private insurance coverage may cover some costs. The recipient will be responsible for some or all of the cost for the medications required post-transplant.
- > In organ transplantation, there is always the risk of rejection. Rejection can occur at any time post transplant and result in the loss of the transplanted organ. Signs of rejection should be reported immediately to your physician.
- > PowerPoint presentation provided the following information (printed copy of power point provided to the patient):
 - An overview of the evaluation process
 - The members of the multidisciplinary team
 - The surgical procedure
 - Post surgical care and recovery
 - Alternative treatments
 - Potential risks
 - National and Transplant Center-Specific Outcomes (SRTR report) Release Date:
 - Organ donor risk factors
 - Right to refuse transplant
 - Transplantation by a transplant center not approved by Medicare
 - Wait Time Transfer and Multiple Listing
 - The United Network for Organ Sharing toll-free patient services line
 - Informed Consent to Evaluate for Kidney Transplant
 - Kidney Allocation Policy Q and A

Patient received Pre-Transplant Packet containing the following booklets:

- UNOS (United Network for Organ Sharing) Publication "Facts and Figures"
- UNOS "Questions and Answers for Transplant Candidates About Kidney Allocation"
- HRSA (Health Resources and Services Administration) "Partnering With Your Transplant Team"

Patient Printed Name Patient Signature Time Date

June 2016





**INFORMED CONSENT TO EVALUATE
FOR KIDNEY TRANSPLANT**

MRA01251 (02/21/14)

Page 1 of 1

NAME: _____
DOB: _____

PATIENT CONSENT (CONSENTIMIENTO DEL PACIENTE):

By signing below, I acknowledge that I have received a copy of the "Patient Information for Informed Consent to Evaluate for Kidney Transplant" packet and have read through the information thoroughly. I have been provided an opportunity to ask questions and to have my questions answered.

Con mi firma al pie, certifico que he recibido una copia del paquete de información "Consentimiento informado para evaluación para trasplante de riñón" y he leído toda la información detalladamente. He tenido la oportunidad de hacer preguntas y mis preguntas han sido respondidas.

Patient Name (print): _____
Nombre del Paciente

Patient's Signature: _____ Time: _____ Date: _____
Firma del Paciente Hora Fecha

Nurse Coordinator Name: _____
Nombre del Enfermero Coordinador

Nurse Coordinator Signature: _____ Time: _____ Date: _____
Firma del Enfermero Coordinador Hora Fecha



Multiple Listing and Waiting Time Transfer

NAME: _____
 DOB: _____

Note to transplant candidates/family members:

In accordance with OPTN policy, your transplant center is required to provide you with written information about multiple listing and transfer of waiting time. Your signature below confirms that your center provided you this booklet. Your center will keep this form on file to document compliance with this policy.

I have received the booklet Questions and Answers for Transplant Candidates and Families about Multiple Listing and Waiting Time Transfer.

 Signature of Transplant Candidate/Family Member

 Printed Name of Transplant Candidate

 Date Received

TIME

 Signature of Transplant Center Staff Member Providing Booklet





NAME: _____

DOB: _____

Please indicate your ethnicity & race below:

ETHNICITY:		
Please select one of the following: <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Non-Hispanic Origin		
RACE:		
American Indian/Alaska Native	Asian	African American/ Black
<input type="checkbox"/> Alaska Indian <input type="checkbox"/> Aleutian <input type="checkbox"/> American Indian <input type="checkbox"/> American Indian or Alaska Native: Other <input type="checkbox"/> American Indian or Alaska Native: Not Specified/ Unknown <input type="checkbox"/> Eskimo	<input type="checkbox"/> Asian Indian/ Indian Sub-Continent <input type="checkbox"/> Asian: Not Specified/ Unknown <input type="checkbox"/> Asian: Other <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese	<input type="checkbox"/> African American <input type="checkbox"/> African (continental) <input type="checkbox"/> Black or African American: Other <input type="checkbox"/> Black or African American: Not Specified/ Unknown <input type="checkbox"/> Haitian <input type="checkbox"/> West Indian
Hispanic/ Latino	Native Hawaiian/ Pacific Islander	Caucasian/ White & Other
<input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic/ Latino: Other <input type="checkbox"/> Hispanic/ Latino: Not Specified/ Unknown <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican (Mainland) <input type="checkbox"/> Puerto Rican (Island)	<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Not specified/Unknown <input type="checkbox"/> Samoan	<input type="checkbox"/> Arab or Middle Eastern <input type="checkbox"/> European Descent <input type="checkbox"/> Northern African (Non-Black) <input type="checkbox"/> White: Not Specified/ Unknown <input type="checkbox"/> White: Other

Patient Signature: _____

Date: _____



